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68174 7590 08/26/2009 Patrick S. Yoder FLETCHER YODER P.O. Box 692289 Houston, TX 77269-2289				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. (Depositor's name)									
							,						(Signature)
													(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVE		TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.							
10/723,033	11/26/2003	Prakash Paryil Ma		hew	133276-1/YOD	8841							
TITLE OF INVENTION:	MAGE-BASED INDICIA C	BFUSCATION S	SYSTEM AND METI	HOD									
APPLN. TYPE	SMALL ENTITY	ISSUE FI	EE PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE							
nonprovisional	NO	\$1510)	\$300	\$1810	10/27/2009							
EXAMINER		ART UN	IT CI	LASS-SUBCLASS]								
LE, BRIAN Q		2624		382-128000									
 Change of correspondence address or indication of "Fee Address" (3' CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.										
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T	THE PATENT (print o	or type)									
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be a 37 CFR 3.11. Completion	elow, no assignee of of this form is NO	data will appear on t Γa substitute for filing	he patent. If an assig g an assignment.	nee is identified below, the	document has been filed for							
(A) NAME OF ASSIGN	EE	(В) RESIDENCE: (CIT	Y and STATE OR CC	OUNTRY)								
GE Medical Syste	ems Information Tecl	nnologies, Inc	. Mil	waukee, Wiscor	nsin								
Please check the appropriate	e assignee category or catego	ries (will not be pri	inted on the patent):	☐ Individual ☐ C	Corporation or other private gr	roup entity Government							
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):													
				nount of the fee(s) is e									
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5. Change in Entity Status	(from status indicated above	e)											
	MALL ENTITY status. See				ALL ENTITY status. See 37 C								
NOTE: The Issue Fee and P		vill not be accepted	l from anyone other th		ly paid issue fee to the applica gistered attorney or agent; or t								
Authorized Signature /Patrick S. Yoder/				Date	October 20, 2009								
Typed or printed namePatrick S. Yoder				Registration	n No37,479								
This collection of information an application. Confidential	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C.	11. The informatio 122 and 37 CFR	on is required to obtain	or retain a benefit by s estimated to take 12	the public which is to file (an minutes to complete, includi	nd by the USPTO to process) ng gathering, preparing, and time you require to complete							

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